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## FACSIMILE TRANSMITTAL COVER SHEET

DATE: 5/16/05 ATTORNEY DOCKET NUMBER: MLP 7163  
PTO FACSIMILE NUMBER: (703) 872-9306PLEASE DELIVER THIS FACSIMILE TO: Examiner Robert C. Watson  
THIS FACSIMILE IS BEING SENT BY: Richard L. Bridge  
NUMBER OF PAGES: 15 INCLUDING COVER SHEETTIME SENT: 4:25 PM OPERATOR'S NAME Michelle Grindstaff

## CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to  
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Typed or printed name of person signing certificationMG  
Signature5/16/05  
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Type of paper transmitted: Amendment B After FinalApplicant's Name: Sueme et al.Serial No. (Control No.): 10/008,514 Examiner: Robert WatsonFiling Date: 11/8/2001 Art Unit: 3723 Confirmation No.: 5416Application Title: RECEIVING STAND FOR FRAME STACKING SYSTEMIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS  
POSSIBLE. CONFIRMING NUMBER IS (314) 231-5400.

MLP 7163  
PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of Sueme, et al. Art Unit 3723  
Serial No. 10/008,514  
Filed November 8, 2001  
Confirmation No. 5416  
For RECEIVING STAND FOR FRAME STACKING SYSTEM  
Examiner Robert C. Watson

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Amendment B After Final

TO THE COMMISSIONER FOR PATENTS,

SIR:

In response to the final Office action dated March 17, 2005 please amend the application as follows:

Amendments to the claims are reflected in the claim listing beginning on page 2.

Remarks begin on page 12.

05/17/2005 HDEMESS1 00000042 191345 10008514

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Fee Transmittal

Application Number 10/008,514  
 Filing Date November 8, 2001  
 Inventor(s) Sueme et al.  
 Examiner Name Robert C. Watson  
 Attorney Docket Number MLP 7163

Art Unit 3723  
 Confirmation No. 5416

[ ] Applicant claims small entity status.

METHOD OF PAYMENT

[X] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

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Fee Calculation

1. [ ] BASIC FILING, SEARCH AND EXAMINATION FEES  
 (Type: \_\_\_\_\_) Subtotal (1) \$ \_\_\_\_\_

2. [X] EXCESS CLAIM FEES

Total Claims 30 - 20 (HP) = 10 x Fee 50 = \$500.00  
 Indep Claims    -    (HP) =    x Fee    =     
 Multiple Dependent Claims Fee    \$     
 (HP = highest number of claims paid for) Subtotal (2) \$500.00

3. [ ] APPLICATION SIZE FEE

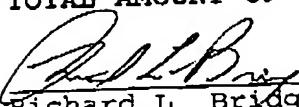
Total Pages    - 100 =    + 50 =    x \$250 =     
 (Application + Drawings) (round up to whole #)  
 Subtotal (3) \$ \_\_\_\_\_

4. [ ] OTHER FEE(S)

[ ] \_\_\_\_\_ month extension of time  
 [ ] Information disclosure statement  
 [ ] 37 CFR 1.17(q) processing fee  
 [ ] Non-English specification  
 [ ] Notice of Appeal  
 [ ] Filing a brief in support of appeal  
 [ ] Request for oral hearing  
 [ ] Other: \_\_\_\_\_

Subtotal (4) \$ \_\_\_\_\_

**TOTAL AMOUNT OF PAYMENT \$500.00**

  
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5/16/05

Date

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